



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SETON SPECIALTY HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Bethany Morrow

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Medicare Provider Number: 15-2020

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|--|--------------------|
| Inpatient Patient Service Revenue | \$124240485 |
| Outpatient Patient Service Revenue | \$0 |
| Total Gross Patient Service Revenue | \$124240485 |

2. Deductions From Revenue

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|-------------------------|-------------------|
| Contractual Allowance | \$77787355 |
| Other Deductions | \$0 |
| Total Deductions | \$77787355 |

3. Total Operating Revenue

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|--------------------------------|-------------------|
| Net Patient Service Revenue | \$46453130 |
| Other Operating Revenue | \$104702 |
| Total Operating Revenue | \$46557832 |

4. Operating Expenses

| | | | |
|---------------------------------|-------------------|-------------------|------------|
| Salaries and Wages | \$17647514 | Employee Benefits | \$4553866 |
| Depreciation and Amortization | \$1135627 | Interest Expense | \$13006 |
| Bad Debt | \$744053 | Other Expenses | \$13439534 |
| Total Operating Expenses | \$37533600 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$8818278 | Total Assets | \$106577560 |
| Net Non-operating Gains over Loss | -\$2714000 | Total Liabilities | \$5072573 |

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|-----------------|-----------|
| Total Net Gains | \$6104278 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$84680923 | \$59771316 | \$24909607 |
| Medicaid | \$8007894 | \$8401884 | \$-393990 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$31551668 | \$9614155 | \$21937513 |
| Total | \$124240485 | \$77787355 | \$46453130 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$0 | \$0 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$0 | \$0 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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| Number of Medical Professionals Trained | |
| Number of Hospital Patients Educated | |
| Number of Citizens Exposed to Health Education Messages | |

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| Statement Six: Charity Statement |
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|--------------------------|------------|
| Hospital Charity Charges | \$10859330 |
|--------------------------|------------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$320336 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$320336 | \$-320336 |
| Medicaid Shortfalls | \$0 | \$1770401 | |
| Subtotal | \$0 | \$2090737 | \$-2090737 |
| DSH Payments | \$0 | | |
| Subtotal | \$0 | \$2090737 | \$-2090737 |
| Medicare Shortfalls | \$0 | \$4117440 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$0 | \$6208177 | \$-6208177 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$36666 | \$-36666 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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